Changing Values in American Society and American Psychiatry

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ABSTRACT
To understand what has happened to our country, our people, and our professionals, we need to recognize the degradation of underlying attitudes and values. Among young people, conventional moral sentiments have given way to radical individualism. In medicine, the emphasis on economics and technology has been pushing out empathetic caring and service to humanity. Inured to violence, the American public has accepted human cruelty as normal. In some political circles, cooperation has become a bad word. Yet, altruism and compassion are not totally dead, as real-life anecdotes illustrate. Physicians in their practices can model concern and kindliness, utilizing voice and presence on behalf of unfortunates such as troubled youth, and fostering benevolence toward those who differ in body or mind.

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David Brooks, a columnist for *The New York Times*, wrote a piece in 2011 entitled, “How Morality Became Obsolete.” The op-ed piece was summarized in *The Week* magazine as follows:

If it feels right to me, then it is.” That, said David Brooks, pretty much sums up the moral philosophy of most young Americans, who have grown up unmoored from any cultural or religious framework for knowing right from wrong. In a depressing new book, *Lost in Transition*, a group of sociologists document how people in their late teens and early 20s have come to view moral choices as “just a matter of individual taste,” and seem perplexed when asked to make judgments about behavior that earlier generations would clearly label as wrong. Cheating on tests? Infidelity? Drunken driving? In interviews, young people say that decisions about such behavior are “up to the individual.” There is virtually no sense of any overarching value system or obligation to society or to others. “I guess what makes something right is how I feel about it,” is a typical refrain. For this, we can only blame schools, institutions, and families. From blind deference to churches and authority, our society has swung to the other extreme, and now morality is purely “something that emerges in the privacy of your own heart.”

RADICAL INDIVIDUALISM

The worst examples of radical individualism are kids who are arrested for minor or major crimes but who are coldly indifferent to their victim’s suffering. In order to have empathy for others, one must have been loved. A significant majority of young criminals have never been loved and cannot feel anything about their victims.

An anecdote will illustrate this very clearly. A 14-year-old African-American honor student went down into the subway and was accosted by a man who demanded that she give him her gold earrings. She refused and ran away. He pursued her, threw her down on the ground, and tore the earrings out of her ears. Then he took out a gun and shot and killed her. When I read this story in the newspaper, I wondered why he killed her. That incident led to my work of trying to prevent violence. It took about a decade for me to discover that the common thread among all of these cases was the lack of empathy demonstrated by these young, underprivileged kids. I do believe that the circumstances of their lives are such that they get very little love, and, in fact, feel a great deal of hatred coming from people who are “supposed” to love them. I have seen hundreds of such children fail to develop social skills, just as many doctors fail to develop a bedside manner that signifies that the patient matters.

We are all cognizant of areas of life where changes have occurred that are annoying, often offensive, and hard to understand. We try to explain them in a variety of ways, such as a function of age, ethnicity, location, or beliefs. We see how zeal to make everyone like oneself leads to the mistreatment of other people. Our failure to accept heterogeneity is one of the key factors that make people so unwilling to cooperate, to forgive, and to embrace those who are not like them. Too few people question the distorted beliefs acquired through education, family, peers, and multiple other sources throughout life.

To understand what happened in our country, to our people, to our professionals, and to our workers, we must recognize the amazing changes in our country and in the practice of medicine.

HEALTH CARE IN TROUBLE

Replications of this degraded moral sense are seen throughout our society and are not any different in the field of medicine. Doctors, in fact, play a role in creating an uncaring environment that in turn conditions us to care less, setting the stage for lawyers to utilize methods that are unsavory.

The phenomenon is not recent. Twenty-two years ago, when I was president of the American Psychiatric Association, I was invited to a 3-day retreat of all medical society presidents on the topic the social responsibility of physicians. It was a startling experience because it revealed the attitudes of younger physicians compared with their seniors. Present at the meeting were a medical student, a resident, and an early career physician in addition to 26 society presidents. During the second day, the younger people opined that physicians bore no social responsibility at all. All the older doctors responded vigorously that our profession is a vocation, and that we are obligated to care for our patients and their families. The younger group was adamant in their viewpoint, claiming that the doctor-patient relationship was a contract — the patient is seen, pays for the visit, and goes away. The senior physicians vociferously disagreed, stating their belief that the relationship is a compact within which the patient trusts the doctor and the doctor expects the patient to be honest and forthright. Neither side backed down, and this issue remained unresolved, although the subject continued to be discussed for the rest of the conference.

Why did these younger doctors feel no long-term obligation to their patients? And why did they see the practice of medicine as a primarily financial interaction? I have been puzzled by this for 22 years, and during that time I have collected more and more examples of callous interactions between doctors and patients.

Another major factor is the limited time that doctor and patient have for
talking to one another. Patients receive comfort from the doctor who is talking with them, encouraging them in keeping with their abilities. Although we in psychiatry are almost totally dependent on talking to our patients, many doctors have no such discourse, which plays a major factor in discouraging patients. Patients want to know that their doctor cares. Caring is a large part of what the doctor brings to the bedside. A doctor’s smile and kind words are not only desired, but anticipated. Without them, you will hear patients say things like “the doctor is a cold fish.” In a similar fashion, hands-on contact is very important. Taking a patient’s hand or touching his shoulder are small gestures that mean a great deal to the patient and signify a mutuality, which is so important. I feel that if the doctor cannot be kind and caring to patients, he or she should get out of the business. This is a very strong statement, but I believe that learning to be a doctor requires sensitivity and devotion to the welfare of those for whom we care. Patients sometimes take advantage of their doctor, and we come to expect it occasionally. But if caring is not there, the doctor-patient relationship and its healing power are non-existent. A therapeutic alliance is much more than a contract.

Another cause for doctors’ failure is over-reliance on technology. When my wife was dying of cancer, she needed a shunt to drain her cerebral ventricles and was in a very fine hospital for the procedure. One day she complained of a stomach ache and I went out to the nurses’ station to find a resident or attending who would look at her. I felt she was impacted. The neurosurgical resident said, “First we’ll get a flat plate of the abdomen.” Needless to say, I was appalled. My wife remained unattended and there was not a drop of empathy in the resident regarding my wife’s pain. Why? I keep asking what happened to this young doctor that he was so easily turned off to his primary duty — the care of the patient. I believe his preoccupation with the need for technology to do his job turned him away from the patient’s needs and drove him further away from the patient.

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Another element in this story speaks to the disaffection of young doctors from their work and their excessive narcissism. The resident was going to be in charge. He had no idea who I was, but he was going to do it his way. I believe the progress from first-year medical student to senior resident or attending seriously reduces the doctor’s zeal for “helping people” (which is the most common phrase used by applicants to medical schools). Similarly, the internal feelings of every third-year student when he gets to put on his white jacket for the first time enhances the person’s narcissism and seems to give them a sense that “Mom was right. I am special.”

The dependence on radiology among physicians is remarkable. Those of us who learn about technological advances from the newspaper are often amazed at some of the achievements of our research colleagues. But every machine, every test puts distance between the doctor and the patient unless the doctor explains what is going on and what the test will signify. The value to the patient is necessarily diminished. Technology must not be an either/or. The resident could have come in to see my wife and still gotten the flat plate. Reliance on machinery for diagnosis and therapeutics speaks to the doctor’s insecurity.

Many doctors reading this will recall a favorite professor whose powers of observation were so great that he didn’t need any machines. I had a professor of medicine who loved having the students line up on either side of a patient’s bed that he had never seen before. He noticed that the patient’s pajama top was messed and the professor began to recite his observations: the malar flush, the visible heartbeat, the way the patient breathed, and many more. He then concluded from these observations that this patient had mitral stenosis. It was an extraordinary performance and taught us the value of observational skills.

Another technical advance that puts distance between the doctor and the patient is the electronic medical record (EMR). Among my many personal doctors, one practices in a hospital in which the EMR system encompasses all physicians. Since he started using the computer, he has not looked at me once. He takes a history and asks his questions cued by the machine in front of him. It makes me angry. Many other patients in this situation may not even know they are angry, or if they feel it, may not know why. EMR, which I think is a very important new innovation, needs to be used in a way that doesn’t create an artificial barrier between the patient and the doctor.

NATIONAL SCENE AND BEYOND

The changes in our society and the changes in medicine are analogous. Television and newspapers are filled with stories of man’s inhumanity to man: wars, murders, greed, cheating,
insensitivity. Battles being fought on the political front, financial front, and home front fill the news, and we have become inured to hearing about cruelty, child abuse, domestic violence, and terrible circumstances that preceded a given murder or felony. It has become so much a part of our world that most people take it for granted and are not shocked or dismayed.

Some of our leaders seem to have no problem with sacrificing hundreds, perhaps thousands of young people’s lives to whatever cause has led to the particular declaration of war.

We barely noticed the transformation of South Africa when Nelson Mandela got elected, a revolution with not one shot fired. How could it happen? Reverend Desmond Tutu published a book entitled, No Future Without Forgiveness. He also declared recently there could be no peace without forgiveness.

We are a judgmental society. We don’t give up our anger and hatred in order to find a solution, a compromise, a way of solving problems in which all parties feel satisfied. We have joked for decades about the Hatfields and McCoys, an inter-family conflict which is something that happens much too often in the United States. Violence and maltreatment targeting children occurs in almost every nation on Earth. We can begin to understand why Reverend Tutu’s message is so important. Can we hope for a paradigm shift in the way humans treat each other?

All of these factors I have mentioned are important in trying to understand how our society has changed, leading to a more callous and ugly populace. In trying to address the question of how our attitudes have changed, I believe I have addressed many of the dilemmas that, if brought together, make it difficult for children to grow and be kind to one another.

All of the cultural shifts have had an enormous effect on the population of Earth and have infiltrated all sectors of the community. Distrust of mankind vitiates our moral sense. Our consideration of others has been torn apart, and we are no longer taught rules of behavior and human interaction. The overall philosophy of “if it feels good, do it,” ”if you want it, go get it” — these self-centered ways of carrying on one’s life — are now a part of our world. Old-fashioned families, such as the Cleavers from the television show “Leave it to Beaver,” are scorned and ridiculed, but they also carry with them nostalgia and a longing for a world of seeming tranquility in which children can grow up feeling safe and unafraid.

SENSITIVITY AND ALTRUISM IN MEDICAL PRACTICE

Still, there is hope. Every week in the Journal of American Medicine there is a “compassion” article written by doctors from around the country or by a patient or a patient’s family. A few samples will demonstrate that there are still compassionate doctors in America.

An article about a group of surgeons who go to foreign countries and help people who are crippled tells the story of one beautiful girl who had terribly deformed ankles and feet. The doctors felt that they could not repair both legs, but she wept and begged. The medical student who wrote the article and who had taken a special surgical training course, declared, “Her tears became mine as the surgeons discussed [the dilemma] among themselves.” Finally one physician announced, “We’ll do it.” Said the author, “What I do know for certain is that I was there for the moment that changed her life.”

Another article discussed the positive results of the Affordable Care
Act. With increased applications to medical schools, more students are going into primary care. The author says there’s reason for optimism about the future of medicine in the United States. Some evidence suggests that the next generation of physicians is ready to take part in a critical venture to define the future of medicine.\(^5\)

The last article that I will quote involves an oncologist who received a card from a patient praising him for saving her life.

“I was always uncomfortable with the mantle of heroism placed on me by grateful patients,” he wrote. Nevertheless, the author has collected such tributes:

[n]ot to celebrate the joy, but to rescue me from despair... I must acknowledge and accept responsibility for treatment failure. And this where my stash of cards shows its true value. To chase away the feelings of hopelessness and impotence. To restore my sagging self-worth and confidence on those days when even 20 years of practice appears not to have been enough....And to regrasp that fleeting moment when, perhaps, I did feel like ...[t] hat mythical physician whose care made a difference.\(^6\)

**GREAT MEN WITH LARGE IDEAS**

While working on this essay I was also reading Team of Rivals,\(^7\) a history of Abraham Lincoln and the Civil War written by Doris Kearns Goodwin. Lincoln’s enormous magnanimity toward the South and its leaders are explored by Goodwin in a way that belies my overgeneralization about all Americans. Referring to Lincoln, a witness writes,

He noted that there were men in Congress who, if their motives were good, were nevertheless impracticable, and who possessed feelings of hatred and vindictiveness in which he did not sympathize and could not participate. He hoped there would be no persecution, or bloody work, after the war was over.” His honor code and his love of his fellow man made impossible feelings of hatred for the men who were responsible for so many deaths and so much suffering. It exemplifies his humanity and his magnanimity in a way that cannot be reproduced here. He was willing to forgive everyone and begged his cabinet not to punish Jefferson Davis and the leaders of the South. He said they believed in what they believed in. We have to bring them back into the Union and honor them.\(^7\)

Another exemplar was Albert Einstein. During the dark days in Europe preceding World War II (1937), he wrote as follows, ending with a note of hope that can encourage us all in these less cataclysmic times:

> . . . the rest of the world [apart from the Axis powers] has slowly grown accustomed to the symptoms of moral decay. One misses the elementary reaction against injustice and for justice – that reaction which in the long run represents man’s only protection against a relapse into barbarism. I am firmly convinced that the passionate will for justice and truth has done more to improve man’s condition than calculating political shrewdness, which in the long run only breeds general distrust . . . Let us not shun the fight when it is unavoidable to preserve right and the dignity of man. If we do this, we shall soon return to conditions that will allow us to rejoice in humanity.\(^8\)

**CONCLUSION**

For troubled youth, deprived of essential ingredients of love, empathy, role models, and moral sensibility, maturation is sure to be slow in coming. The prognosis for medical practitioners is vastly more favorable.

I hope the Roman statesman Seneca was correct when he said, “Noble examples stir us up to noble actions.” If so, the words and lives of Tutu, Lincoln, and Einstein, from different times and places, could serve as a guide for our future conduct in everyday life, in professional practice, and in national and planetary citizenship.

**REFERENCES**